

# SPT

## Maine Revenue Services Service Provider Tax



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\*0441000\*

Registration No.

Business Code

Period Begin

Period End

Due Date

### 1. Entity Information

#### Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ , return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse)
- ☐ Sold to \_\_\_\_\_
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

### Do Not Use Red Ink!

Services	Gross Services	1.	_____
	Deductions: Exempt Services	2.	_____
	Taxable Services (lines 1-2)	3.	_____
Breakdown of Taxable Services	Extended Cable TV Service	4.	_____
	Fabrication Services	5.	_____
	Video Rentals	6.	_____
	Rent-to-Own	7.	_____
	Telecommunications Services	8.	_____
	Private Non-Medical Institution	9.	_____
Total Services	Add lines 4, 5, 6, 7, 8 & 9.		
	Total must agree with Line 3.	10.	_____
Total Tax		Line 10 @ 5%	11. _____
Credits	Credit Carry Forward From Prior Period		12. _____
Amount Due	Line 11 less line 12. Use line 14 if the result is a credit amount.		13. _____
Credit Due	If line 7 minus lines 8 and 9 is a credit amount enter the amount to the right. If you wish a refund rather than a carry forward to the next period, check here <input type="checkbox"/>		14. _____



Mail To:  
Maine Revenue Service  
P.O. Box 1065  
Augusta, ME 04332-1065

Signature/Title

Print Name

Date

Phone #

\_\_\_\_\_